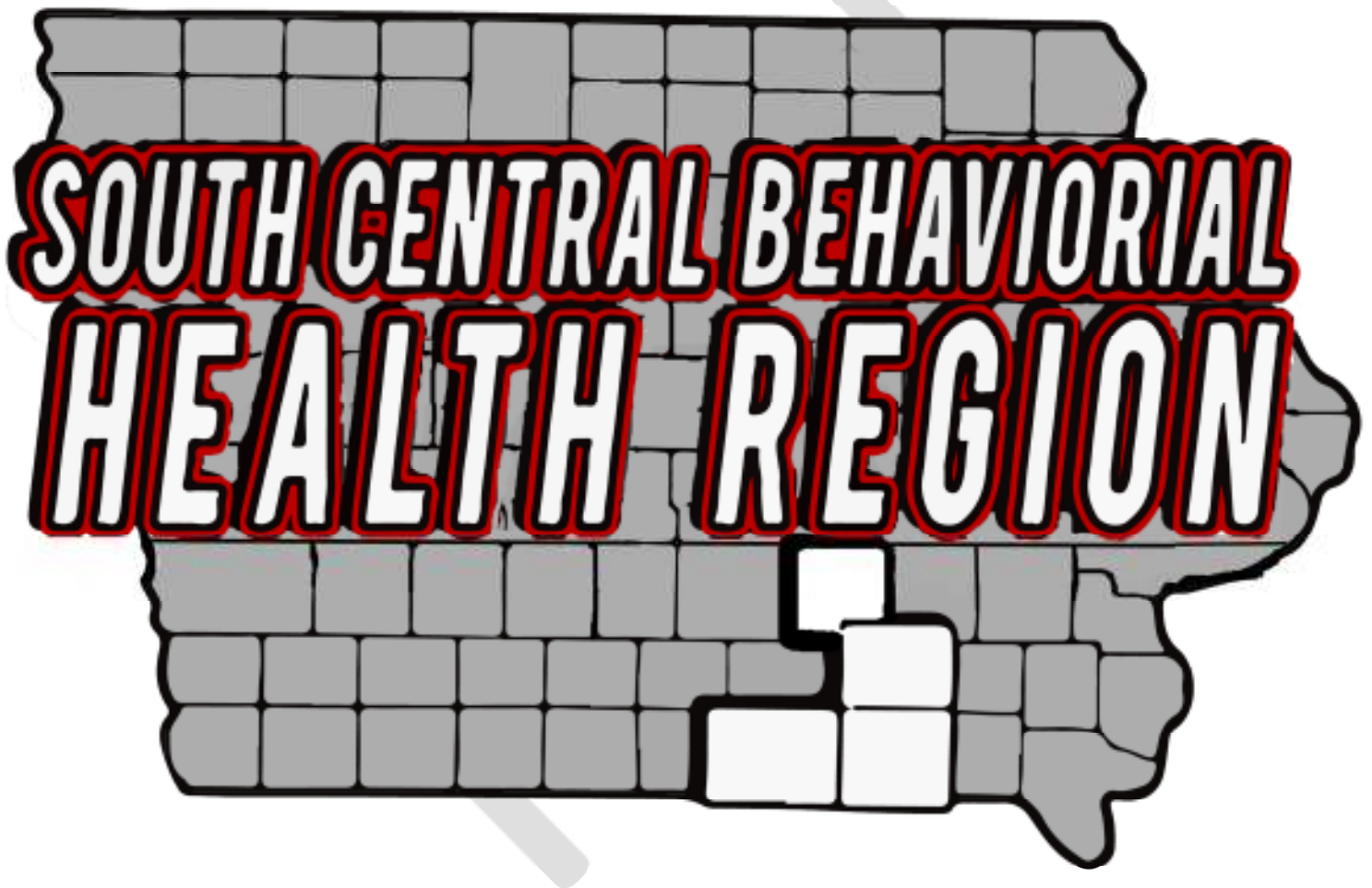


South Central Behavioral Health Region  
FY 2017 Annual Report



Geographic Area: *Appanoose, Davis, Mahaska and Wapello Counties*

Approved by South Central Behavioral Health Governing Board: *11/29/2017*

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## Introduction

*South Central Behavioral Health Region (SCBHR) was formed under Iowa Code Chapter 28E to create a Mental Health and Disability Service Region in compliance with Iowa Code 331.390.*

*In compliance with IAC 441-25 the SCBHR Management Plan includes three parts: Annual Service and Budget Plan, Annual Report and Policies and Procedures Manual.*

*The 28E was approved by the Department of Human Services (DHS) on March 24<sup>th</sup>, 2014. The SCBHR Transition Plan was approved by DHS on June 30, 2014. SCBHR commenced business as a region on July 1<sup>st</sup>, 2014. The Annual Service and Budget Plan was approved by DHS on July 31<sup>st</sup>, 2014 and May 13<sup>th</sup>, 2016. On September 25<sup>th</sup>, 2014 the revised SCBHR Policies and Procedures Manual was submitted to DHS and it was confirmed to be approved on November 21<sup>st</sup>, 2014 and then amended and approved on September 22, 2016 adding Mahaska County, written correspondence from Mr. Rick Shults, Administrator-Division of Mental Health and Disability Services.*

*In the following pages this document will demonstrate how SCBHR has unified as a region, standardized business practices across all 4 counties, maintained local access and presence for each of our counties, made effort to become an outcome oriented system of care across all funding sources, and developed needed efforts that have been made to continue to grow service options for individuals and how the region has engaged community partners in the planning and implementation of this developing system under the guidance of the SCBHR Advisory Committee.*

*The SCBHR FY17 Governing Board Members:*

*Ron Bride-Davis County, Chair  
Neil Smith/Linda Demry-Appanoose County-Vice Chair  
Steve Siegel/Jerry Parker-Wapello County  
Mark Doland-Mahaska County*

SCBHR Management Plans are available on the SCBHR Website [www.scbhr.org](http://www.scbhr.org) and DHS websites. <http://dhs.iowa.gov>.

## Services provided in Fiscal Year 2017:

### • Core Service/Access Standards: Iowa Administrative Code 441-25.3

The table below lists core services, describes if the region is meeting the access standards for each service, how the access is measured and plans to improve or meet access standards.

<u>Code</u> <u>Reference</u>	<u>Standard</u>	<u>Results:</u>	<u>Comments:</u>
		<ul style="list-style-type: none"> <li>• Met Yes/No</li> <li>• By which providers</li> </ul>	<ul style="list-style-type: none"> <li>• How measured</li> <li>• If not what is plan to meet access standard and how will it be measured</li> </ul>
25.3(1)a	A community mental health center or federally qualified health center that provides psychiatric and outpatient mental health services in the region.	<p>Yes</p> <p>Southern Iowa Mental Health Center, Community Health Centers of Southern Iowa, Mahaska Health Partnership, River Hills Community Health Center</p>	<p>Measured by physical presence of these agencies/organizations within region geographic boundaries</p>
25.3(1)b	A hospital with an inpatient psychiatric unit or state mental health institute located in or within reasonably close proximity that has the capacity to provide inpatient services to the applicant.	<p>Yes</p> <p>Mahaska Health Partnership (Geriatrics) Ottumwa Regional Hospital (General)</p> <p>Great Rivers Medical Center</p>	<p>Center for Psychiatric Care: Adults 18 years of age and older from the 15-county catchment area in southeast Iowa.</p> <p>Measured by physical presence of these agencies/organizations within region geographic boundaries</p>

### **Outpatient:** (Mental Health Outpatient Therapy, Medication Prescribing & Management, and Assessment & Evaluation)

25.3(3)a(1)	<p><b>Timeliness:</b> The region shall provide outpatient treatment services.</p> <p><b>Emergency:</b> During an emergency, outpatient services shall be initiated to an individual within 15 minutes of telephone contact.</p>	<p>Yes</p> <p>The Community Mental Health Centers listed above follow access standards in Iowa Code Chapter 230A, These centers provide outpatient, medication</p>	<p>Measured by agency utilization of emergency outpatient appointments.</p> <p>SCBHR subcontracts with LISW's on call for after hours and weekends to provide assessments and evaluations.</p>
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prescribing and management along with Assessment and Evaluations.

25.3(3)a(2)	<b>Urgent:</b> Outpatient services shall be provided to an individual within one hour of presentation or 24 hours of telephone contact.	Yes  The Community Mental Health Centers listed above are required by Iowa Code Chapter 230A and provide urgent outpatient services.	Measured by utilization of same day urgent outpatient appointments.
25.3(3)a(3)	<b>Routine:</b> Outpatient services shall be provided to an individual within four weeks of request for appointment.	Yes  Provider Network: Southern Iowa Mental Health Centers, River Hills Community Health Center, Community Health Centers of Southern IA, Life Solutions (Optimae) Paula Gordy, Centerville Community Betterment, Psychological Services of Ottumwa, Mahaska Health Partnership and First Resources	Measured by application request for service in conjunction with claims information of service as well as utilization of outpatient appointments and direct contact with individual making request.
25.3(3)a(4)	<b>Proximity:</b> Outpatient services shall be offered within 30 miles for an individual residing in an urban community and 45 miles for an individual residing in a rural community.	Yes	Physical locations of contracted providers covers access standard for the regions geography. Other providers close to region borders are also available to serve individual convenience.

#### **Inpatient:** (Mental Health Inpatient Therapy)

25.3(3)b(1)	<b>Timeliness:</b> The region shall provide inpatient treatment services. An individual in need of emergency inpatient services shall receive treatment within 24 hours.	Yes  Allen Hospital, Broadlawns, Buena Vista Regional Medical Center (Geriatric), Cass County memorial, Covenant Medical Center, Genesis Medical Center, Great River Medical Center, Iowa Lutheran Hospital, Mary Greeley Medical Center, MHI,	Individuals are able to access local emergency rooms but sometimes refused admittance by inpatient units.  SCBHR has on call LISW's available to Appanoose and Davis County local Emergency Rooms, to access psychiatry within a few hours. Ottumwa Regional Health Center has access to tele-psychiatry within their own
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		<p>Mercy –Iowa City, Mercy–Clinton, Mercy–Des Moines, Mercy–Dubuque, Mercy–North Iowa, Mercy Sioux, Ottumwa Regional Health Center (General) Satori, Spencer Municipal Hospital, St. Anthony Regional Hospital, St. Luke’s–Cedar Rapids , St. Luke’s–Sioux city, University of Iowa Hospitals and Clinics</p>	providers.
25.3(3)b(2)	<p><b>Proximity:</b> Inpatient services shall be available within reasonably close proximity to the region. (100 miles)</p>	Yes	<p>Physical locations of contracted providers covers access standard for the regions geography.</p> <p>Measured by analysis of placement as provided by documents received, i.e. sheriff transports, hospital notifications, Region applications received, requests for Care Coordination from Hospitals.</p>
25.3(3)c	<p><b>Timeliness:</b> Assessment and evaluation. An individual who has received inpatient services shall be assessed and evaluated within four weeks.</p>	<p>Yes</p> <p>See Routine Outpatient above</p>	<p>Measured by admission/discharge dates, requests for care coordination, social history information, discharge planning documents, etc.</p>

#### **Basic Crisis Response:** (24–Hour Access to Crisis Service, Crisis Evaluation, Personal Emergency Response System)

25.3(2) & 25.3(4)a	<p><b>Timeliness:</b> Twenty–four–hour access to crisis response, 24 hours per day, seven days per week, 365 days per year.</p>	<p>Yes</p> <p>Community Mental Health Centers and Ottumwa Regional Health Center</p> <p>Mercy Hospital, Davis Co. Hospital Mahaska Health Partnership</p> <p>Foundation II Hotline</p>	<p>Providers Self–report</p> <p>CMHCs and Foundation II either provide or contract with a provider for afterhours crisis line with CMHCs therapist providing on call</p> <p>SCBHR sub–contracts with 5 LISW’s for afterhours and weekends for on–call for Appanoose and Davis County local E.R and Jails.</p> <p>Ottumwa Regional Health Center has access to tele–psychiatry within their own providers.</p>
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25.3(4)b	Timeliness: Crisis evaluation within 24 hours.	Yes	SCBHR sub-contracts with 5 LISW's for afterhours and weekends for on-call for Appanoose and Davis County local E.R and Jails.
		Community Mental Health Centers and Ottumwa Regional Health Center	
		Mercy Hospital, Davis Co. Hospital	Ottumwa Regional Health Center E.R. has access to tele-psychiatry within their own providers.

**Support for Community Living:** (Home Health Aide, Home and Vehicle Modification, Respite, Supported Community Living)

25.3(5)	<b>Timeliness:</b> The first appointment shall occur within four weeks of the individual's request of support for community living.	Yes	Measured by analysis of application/authorization in conjunction with claims information
		Home Health Aide, Home and Vehicle Modification, Respite, and Supported Community Living	All requests for these services (Home Health Aide, Home and Vehicle Modification, Respite, Supported Community Living) have been met within the four weeks' timeframe and the service is available however, individuals with complex need or interfering behaviors continue to be a challenge for our community providers.
		Providers Network; American Gothic Home Health Care, Comfort Keepers, Centerville Community Betterment, Christian Opportunities, Crest Services, Frist Resources Corporation, Hammer, Home link ,Imagine the Possibilities, Independent Living of Southern Iowa, Insight Partnership Group, Iowa Home Care, New Focus Optima, Tenco	SCBHR contracts with First Resources to offer transitional housing for up to 3 months until permanent house is able to be established. While in transitional housing the region will fund Habilitation services to help support the client while resources are secured and the client increases independence.
			SCBHR provides gap funding for services while on the ID or BI waiting list or waiting for the IHH to open up the individual.
			SCBHR contracts with Centerville Community Betterment to provide Immediate SCL services that allows for the transitioning in the community out of Oakplace and immediate

SCL services.

### **Support for Employment:** (Day Habilitation, Job Development, Supported Employment, Prevocational Services)

25.3(6)	<b>Timeliness:</b> The initial referral shall take place within 60 days of the individual's request of support for employment.	Yes  Day Habilitation, Job development, Supported Employment, Prevocational Services: First Resources, Optimae, New Focus, Tenco, Van Borean Job Opportunities, Christian Opportunities,	<p>Measured by analysis of application/authorization in conjunction with claims information</p> <p>Per report from TCM and Care Coordinators, all requests for these services (Day Habilitation, Job Development, Supported Employment, and Prevocational Services) have been met with the 60 day time frame.</p> <p>SCBHR is working in conjunction with vocational employers to expand integrated work opportunities and to train vocational employees in Employment First concepts and practices. SCBHR has a Employment First Committee that meets regularly on a monthly basis to build collaboration between providers and funders. Please see narrative for more information.</p>
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### **Recovery Services:** (Family Support, Peer Support)

25.3(7)	<b>Proximity:</b> An individual receiving recovery services shall not have to travel more than 30 miles if residing in an urban area or 45 miles if residing in a rural area to receive services.	Yes  Southern Iowa Mental Health Center, Community Mental Health Centers of Southern Iowa., Optimae	<p>The required Peer and Family support training is beginning to become widely available. The SCBHR has encouraged participants to attend trainings at the expense to the region.</p> <p>NAMI of Iowa has offered Peer and Family support training to all participants interested in attending, SCBHR offered to help fund transportation along with hotel stays in FY16</p> <p>SCBHR currently has NAMI trained peer support in all three counties.</p>
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**Service Coordination:** (Case Management, Health Homes)

25.3(8)a	<b>Proximity:</b> An individual receiving service coordination shall not have to travel more than 30 miles if residing in an urban area or 45 miles if residing in a rural area to receive services.	Yes  South East Iowa Case Management, Southern Iowa Community Mental Health Centers, Community Mental Health Centers of Southern Iowa, South Central Behavioral Health Region, River Hills Community Health Center, Capstone	Not all individuals are served through case management or IHH. SCBHR employs Service Coordinators in each county to meet the coordination needs of individuals not enrolled in Medicaid or not eligible for IHH or case management.
25.3(8)b	<b>Timeliness:</b> An individual shall receive service coordination within 10 days of the initial request for such service or being discharged from an inpatient facility.	Yes  Southern Iowa Mental Health Center, Community Mental Health Center of Southern Iowa (IHH's) South Central Behavioral Health Region	Measured by application request for service in conjunction with claims information of service as well as other supporting documents such as court orders, discharge plans, and receipt of assessment/social history documents for region file.  SCBHR meets the required timeframe of 10 days of the initial request upon referral. No, SCBHR does not manage the IHH enrollment.

**Additional Core Services Available in Region: Iowa Code 331.397(6)**

*The Chart below includes additional core services currently provided or being developed.*

<b><u>Service Domain/Service</u></b>	<b><u>Available:</u></b>	<b><u>Comments:</u></b>
	<ul style="list-style-type: none"> <li>• Yes/No</li> <li>• By which providers</li> </ul>	<ul style="list-style-type: none"> <li>• Is it in a planning stage? If so describe.</li> </ul>
<b><u>Comprehensive Facility and Community-Based Crisis Services:</u></b> 331.397~ 6.a.		
24-Hour Crisis Hotline	Yes	SCBHR contract with Foundation II to the 24-Hour Crisis Line.
Warm Line	Yes	SCBHR contracts with Abbey Center for a Warm Line
Mobile Response	No	SCBHR has engaged in very preliminary discussions with region providers as well as law enforcement on the issue of Mobile response. SCBHR would identify this as a goal for FY 2018.

23-Hour crisis observation & holding	No	SCBHR has been in conversation with Mahaska Health Partnership however no action as of this time
Crisis Stabilization Community Based Services	No	No
Crisis Stabilization Residential Services	Yes Centerville Community Betterment	SCBHR has contracted for one five bed Crisis Stabilization Residential Program. It opened in April of 2014. Multiple assessment providers have standardized the assessment process for access to the crisis stabilization residential programs. Protocols for care coordination have been made uniform in conjunction with CDS/IHH providers for all crisis stabilization participants. Time frames for participation are also standardized to ensure prompt and meaningful transitions back to an integrated living environment. This service is available 24/7/365 for all residents of the SCBH Region.
Transitional Apartments	First Resources	First Resources-Transitional Apartments. SCBHR award First Resource in FY 17 the RFP to provide five apartments in Mahaska and five apartments in Wapello.

#### **Crisis Residential Services:** 331.397~ 6.b.

Subacute Services 1-5 beds	No
Subacute Services 6+ beds	No

#### **Justice System-Involvement Services:** 331.397~ 6.c.

Jail Diversion	Yes	July 1, 2014 SCBHR developed Jail Diversion in all four counties. The model currently used is the Sequential Intercept Model. Each of the four jail systems in our region have an active partnership between the Sheriff/Jail Administration department and the SCBHR Coordinators of Disability Services. The primary focus and efforts thus far has been on Intercept 4 (Reentry). Measurable objectives include provision of resources and supports required to aid in their treatment and recovery. Program involvement, links to community based services, and justice involved recidivism are all being compiled by the CDS office.
Crisis Prevention Training	Yes	SCBHR trained trainers/trained employees within the provider network participants. Steps are being taken to expand the numbers of individuals trained in Crisis Prevention specifically the Non-Violent Physical Crisis

Yes

Yes, FY 17 five LISW's sub-contracted with SCBHR to assist in prescreening for Civil Commitments after hours and weekends. Wapello County acts a resource coordinator to prescreening for civil commitments with a contract with Southern Iowa Mental Health Center to complete an assessment and evaluation. ORHC has access to LISW's through the provider network to help in assisting with civil commitment prescreening at the local E.R.

SCBHR contracts with Southern Iowa Mental Health Center and Community Health Center of Southern Iowa to provide Tele-Psychiatric Services in Appanoose, Davis and Wapello County Jail and MHP for services in the Mahaska County Jail.

This section includes:

- ### Persons Served by Age Group and by Primary Diagnosis

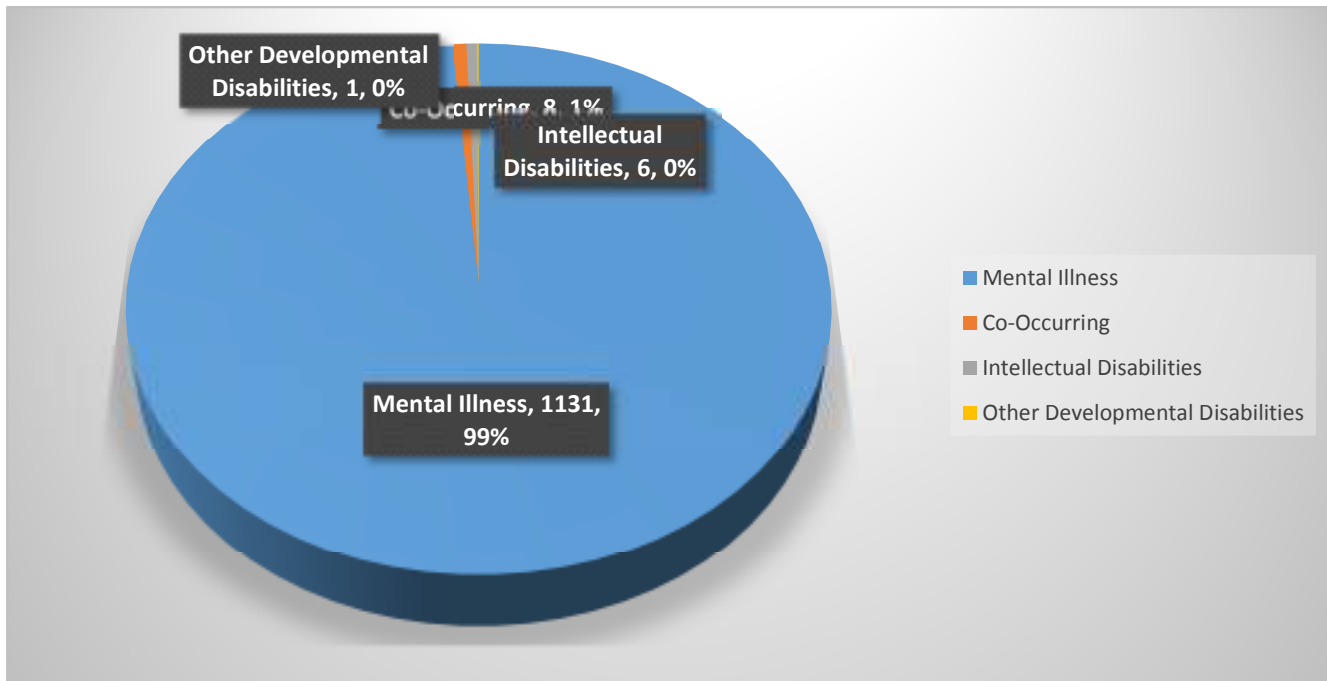
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41306	Physiological Treatment - Prescription Medicine/Vaccines	295	2									297
42310	Psychotherapeutic Treatment - Transitional Living Program	18										18
22XXX	Services management	501	2	10		2		1				516
32399	Support Services - Other	31										31
31XXX	Transportation	8										8
	<b>Community Living Support Services Subtotals:</b>	<b>939</b>	<b>5</b>	<b>11</b>		<b>2</b>		<b>1</b>				<b>958</b>
<b>Congregate Services</b>												
64XXX	RCF-6 and over beds	18										18
	<b>Congregate Services Subtotals:</b>	<b>18</b>										<b>18</b>
<b>Administration</b>												
<b>Uncategorized</b>												
13951	Distribution to MHDS Regional Fiscal Agent - Contributions to Other Governments and Organizations								1			1
	<b>Uncategorized Subtotals:</b>								<b>1</b>			<b>1</b>
<b>Regional Totals:</b>		<b>2621</b>	<b>20</b>	<b>20</b>		<b>4</b>		<b>2</b>		<b>1</b>		<b>2668</b>

### ***Unduplicated Count of Adults and Children by Diagnosis***

Disability Group	Children	Adult	Unduplicated Total	DG
	0	1	1	
<b>Mental Illness</b>	<b>10</b>	<b>1121</b>	<b>1131</b>	<b>40</b>
<b>Mental Illness, Intellectual Disabilities</b>	<b>0</b>	<b>6</b>	<b>6</b>	<b>40, 42</b>
<b>Mental Illness, Other Developmental Disabilities</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>40, 43</b>
<b>Mental Illness, Brain Injury</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>40, 47</b>
<b>Intellectual Disabilities</b>	<b>0</b>	<b>6</b>	<b>6</b>	<b>42</b>
<b>Other Developmental Disabilities</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>43</b>
<b>MH/DD General Administration</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>44</b>
<b>Total</b>	<b>10</b>	<b>1138</b>	<b>1148</b>	<b>99</b>



## ***Moneys Expended –***

### **Total Expenditures by Chart of Accounts Number and Disability Type**

Fiscal Year 2017	South Central Behavioral Health Region MHDS Region	MI (40)	ID (42)	DD (43)	BI (47)	Admin (44)	Other	Total
<b>Core</b>								
	<b>Treatment</b>							
43301	Evaluation (Non Crisis) - Assessment and Evaluation	\$ 12,716.64						\$12,716.64
73319	Other Priv./Public Hospitals - Inpatient per diem charges	\$ 8,392.26						\$8,392.26
42306	Psychotherapeutic Treatment - Medication Prescribing	\$ 519.98						\$519.98
42305	Psychotherapeutic Treatment - Outpatient	\$ 9,328.81						\$9,328.81
71319	State MHI Inpatient - Per diem charges	\$ 170,954.84						\$170,954.84
	<b>Basic Crisis Response</b>							
44301	Crisis Evaluation	\$ 96,000.00						\$96,000.00
	<b>Support for Community Living</b>							

32329	Support Services - Supported Community Living	\$ 43,625.19	\$ 12,222.97	\$ 2,973.16	\$ 6,837.36		\$565,658.68
	<b>Support For Employment</b>						
50367	Day Habilitation	\$ 588.00					\$588.00
50368	Voc/Day - Individual Supported Employment	\$ 270.96	\$ 3,749.30				\$4,020.26
50362	Voc/Day - Prevocational Services	\$ 9,693.57	\$ 2,668.77				\$12,362.34
	<b>Recovery Services</b>						
	<b>Service Coordination</b>						
24376	Health Homes Coordination - Coordination Services	\$ 261.00					\$261.00
	<b>Core Evidence Based Treatment</b>						
04422	Consultation - Educational and Training Services	\$ 30,568.07					\$30,568.07
32396	Supported Housing	\$ 165,079.00					\$165,079.00
	<b>Core Subtotals:</b>	\$1,047,998.32	\$ 18,641.04	\$ 2,973.16	\$6,837.36		\$1,076,449.88
	<b>Mandated</b>						
74XX X	Commitment Related (except 301)	\$ 83,177.21					\$83,177.21
46319	Iowa Medical and Classification Center (Oakdale)	\$ 11,320.76					\$11,320.76
75XX X	Mental health advocate	\$ 7,700.83					\$57,700.83
	<b>Mandated Subtotals:</b>	\$ 152,198.80					\$152,198.80
	<b>Core Plus</b>						
	<b>Comprehensive Facility and Community Based Treatment</b>						
44346	Crisis Services - Telephone Crisis Service	\$ 9,200.00					\$9,200.00
44313	Crisis Stabilization Residential Service (CSRS)	\$ 375,725.00					\$375,725.00
	<b>Sub-Acute Services</b>						
	<b>Justice System Involved Services</b>						
25XX X	Coordination services	\$ 6,863.83					\$76,863.83
46422	Crisis Prevention Training	\$ 6,936.35					\$6,936.35

46305	Mental Health Services in Jails	\$ 69,372.63						\$169,372.63
	<b>Additional Core Evidence Based Treatment</b>							
42366	Psychotherapeutic Treatment - Social Support Services	\$ 80,625.88						\$80,625.88
	<b>Core Plus Subtotals:</b>	\$ 718,723.69						\$718,723.69
	<b>Other Informational Services</b>							
04429	Planning and Management Consultants (Non-Client Related)	\$ 70,530.00					\$ -	\$70,530.00
04372	Planning and/or Consultation Services (Client Related)	\$ 72,150.00						\$72,150.00
05373	Public Education Services	\$ 57,420.00						\$57,420.00
	<b>Other Informational Services Subtotals:</b>	\$ 200,100.00					\$ -	\$200,100.00
	<b>Community Living Support Services</b>							
	<b>Support for Community Living</b>							
	<b>Service Coordination</b>							
33345	Basic Needs - Ongoing Rent Subsidy	\$ 32,922.56						\$32,922.56
33399	Basic Needs - Other	\$ 1,064.73						\$1,064.73
32335	Consumer-Directed Attendant Care		\$ 464.20					\$464.20
44304	Crisis Services - Emergency Care	\$ 63,450.00						\$63,450.00
41305	Physiological Treatment - Outpatient	\$ 190.00						\$190.00
41306	Physiological Treatment - Prescription Medicine/Vaccines	\$ 79,393.33						\$79,393.33
42310	Psychotherapeutic Treatment - Transitional Living Program	\$ 23,666.80						\$23,666.80
22XX X	Services management	\$ 195,185.45	\$ 3,855.89	\$ 791.80	\$ 934.43			\$200,767.57
32399	Support Services - Other	\$ 13,532.92						\$13,532.92
31XX X	Transportation	\$ 12,982.55						\$12,982.55
	<b>Community Living Support Services</b>	\$ 422,388.34	\$ 4,320.09	\$ 791.80	\$934.43			\$428,434.66



	<b>Subtotals:</b>						
<b>Congregate Services</b>							
64XX X	RCF-6 and over beds	\$ 177,805.29					<b>\$177,805.29</b>
	<b>Congregate Services Subtotals:</b>	\$ 177,805.29					<b>\$177,805.29</b>
<b>Administration</b>							
11XX X	Direct Administration					\$448,420.77	<b>\$448,420.77</b>
12XX X	Purchased Administration	\$ 3,879.60					<b>\$3,879.60</b>
	<b>Administration Subtotals:</b>	\$ 3,879.60				\$448,420.77	<b>\$452,300.37</b>
<b>Uncategorized</b>							
1395 1	Distribution to MHDS Regional Fiscal Agent - Contributions to Other Governments and Organizations					\$ 1,270,177.20	<b>\$1,270,177.20</b>
	<b>Uncategorized Subtotals:</b>					\$ 1,270,177.20	<b>\$1,270,177.20</b>
	<b>Regional Totals:</b>	\$2,723,094.04	\$ 22,961.13	\$3,764.96	\$7,771.79	\$1,718,597.97	<b>\$4,476,189.89</b>

## Revenue

FY 2017 Actual	South Central Behavioral Health MHDS Region		
Revenues			
	Accrual Fund Balance as of 6/30/16		6,441,283
	Local/Regional Funds		2,592,417
10XX	Property Tax Levied	2,378,781	
5310	Client Fees		
	State Funds		334,364
2250	MHDS Equalization		
2645	State Payment Program		
	Federal Funds		0
2344	Social services block grant		
2345	Medicaid		

	<b>Total Revenues</b>	2,926,781
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<b>Total Funds Available for FY17</b>	9,368,064
<b>FY17 Projected Regional Expenditures</b>	3,206,012
<b>Projected Accrual Fund Balance as of 6/30/17</b>	6,162,052

## County Levies

County	2014 Est. Pop.	47.28 Per Capita Levy	Base Year Expenditure Levy	FY17 Max Levy	FY17 Actual Levy	Actual Levy Per Capita
Appanoose	12887	609297	592371	592,371	451045	35
Davis	8753	413842	414598	413,842	306355	35
Mahaska	22381	1058177	1055479	1,055,479	783335	35
Wapello	35625	1684350	1662979	1,662,979	1246875	35
J				0		0
<b>Region</b>	<b>79646</b>	<b>3765666</b>	<b>3725427</b>	<b>3724671</b>	<b>2787610</b>	<b>35</b>

## Outcomes

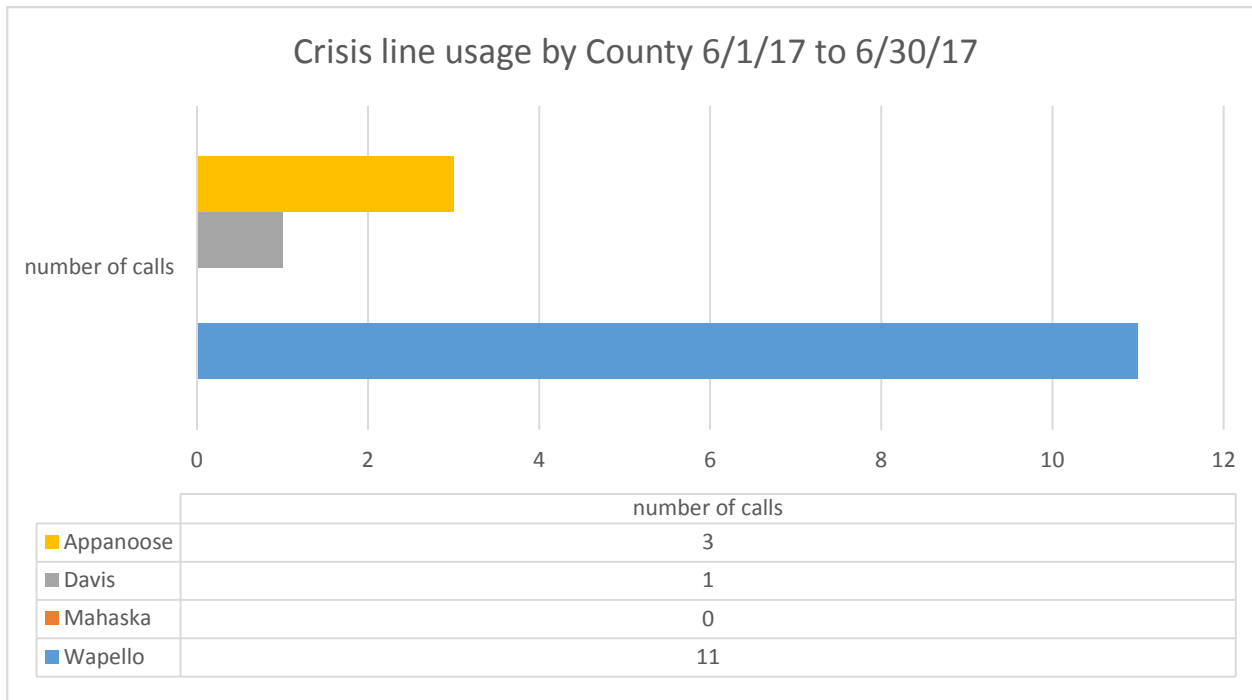
Service Progress by Core, Additional core, and EBPs

*All core services have been met. SCBHR continues to work toward establishing additional core and addressing the fidelity of EBP.*

Region Program Outcomes:

### **24- HOUR CRISIS HOTLINE-**

*June of FY 2017, SCBHR began contracting with Foundation 2 to make a 24- Hour Crisis Hotline available to the region. CROSS and SCBHR Region partnered for the use of one hot line number to reduce CRISIS hot line numbers through the state of Iowa.*

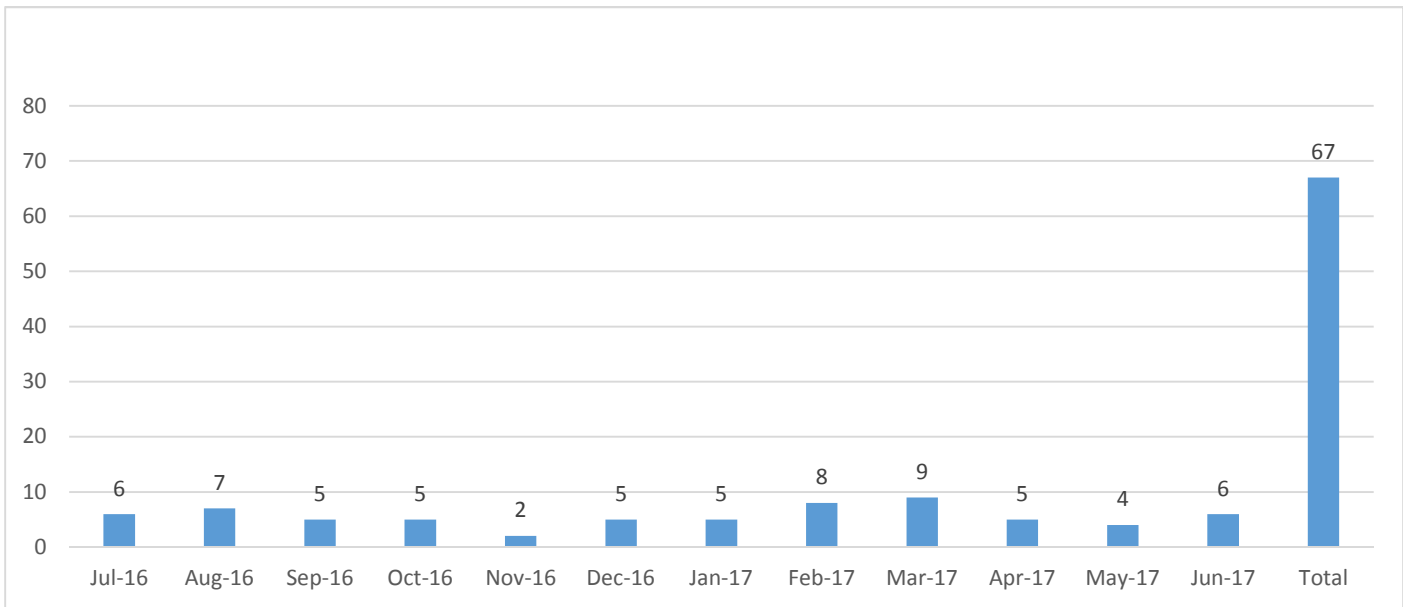


#### **CRISIS PREVENTION TRAINING/CRISIS PREVENTION TRAINING-**

*In FY 17, SCBHR contracted with Johnson County to send four deputies to a four day Crisis Intervention Training that was held in Johnson County. SCBHR is committed to training officers in this region and will continue to capitalize on all opportunities for Crisis Intervention Training in FY 2018. SCBHR contracts with Southern Iowa Mental Health and Mahaska Health Partnership to provide MH First Aid Training to providers within the region. The training is offered up to 3x a year for both adolescent and adult MH First Aid Trainings.*

#### **CRISIS STABILIZATION RESIDENTAL CRISIS BEDS-**

*Oak Place Crisis Residential Stabilization House was opened in April of 2014. The home has served as a diversion service to mental health inpatient hospitalization. The level of service allows mental health patients who are in crisis because of psych-social issues a short term bed in the community. The program offers therapy daily by a licensed mental health therapist in addition to a safe place to stay, medication management, connections to county relief funds for tangible help with rent, utilities, transportation, food and other needs as identified. In FY 2017 Oak Place served at total of 67 clients.*



#### **CIVIL COMMITMENT PRESCREENING EVALUATION-**

*SCBHR offers through-out the local community services office civil commitment prescreening prior to applicants filing a MH or SA Court Committal. We work closely with the local Clerk of Courts to provide collaboration and communication to help assist in alternative resources to assist the applicant with prior to filing. In FY17 in Wapello County a total of 62 MH/SA applicants met for consultation for prescreening prior to filing and total of 39 filed a MH/SA Court Committal.*

#### **INTERGRATED TREATMENT FOR CO-OCCURRING DISORDERS (EBP)**

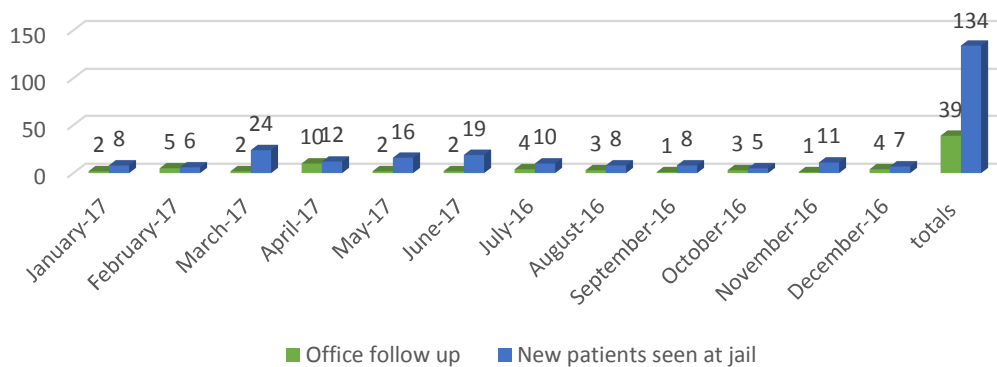
*SCBHR in FY 2017 worked with Community Mental Health Providers to develop a Co-Occurring Outpatient Program. This Out-patient Program supports the Evidence Based Practice of Integrated Treatment for Co-Occurring Disorders. The Interactive Journaling curriculum been certified by SAMHSA and will support the outcomes that the Evidence Based Practice upholds. SCHBR offered a three day training to Southern Iowa Mental Health Center, Mahaska Health Partnership and Community Health Centers of Southern Iowa; a total of 24 therapist were trained for use of the interactive journaling curriculum. In FY17 a total of 18-25 clients participated in the program.*

#### **JAIL DIVERSION SERVICES-**

*On July 1<sup>st</sup>, 2014 SCBHR Region launched the Jail Alternatives Program funded by the SCBHR. Judi Fox, LMSW, CADC was hired as the Jail Alternatives Coordinator. The Program's mission is to provide an opportunity for treatment and services to individuals with mental health and co-occurring mental health and substance use disorders who have come into contact with the criminal justice system. The program works to connect individuals to the appropriate level of community-based treatment for their mental health and co-occurring needs in hopes of improving their overall quality of life and reducing their involvement in the criminal justice system. In FY 2016 Judi began running a women and men's Co-Occurring Group and offering individual therapy to inmates in the three jails. Inmates have documented in letter writing the tremendous appreciate and the affects that these group/individual therapy appointments has had on them during their time in jail. Reaffirming their hunger for treatment; which supports the overwhelming follow through to the community services offices. A total number of clients presenting to the local office after release between 7/1/2016-6/30/2017 is 134.*

	Office follow up	New patients seen at jail
January-17	2	8
February-17	5	6
March-17	2	24
April-17	10	12
May-17	2	16
June-17	2	19
July-16	4	10
August-16	3	8
September-16	1	8
October-16	3	5
November-16	1	11
December-16	4	7
<b>totals</b>	<b>39</b>	<b>134</b>

Jail Alternatives follow ups and new patients seen tracking  
7/1/16 to 6/30/17

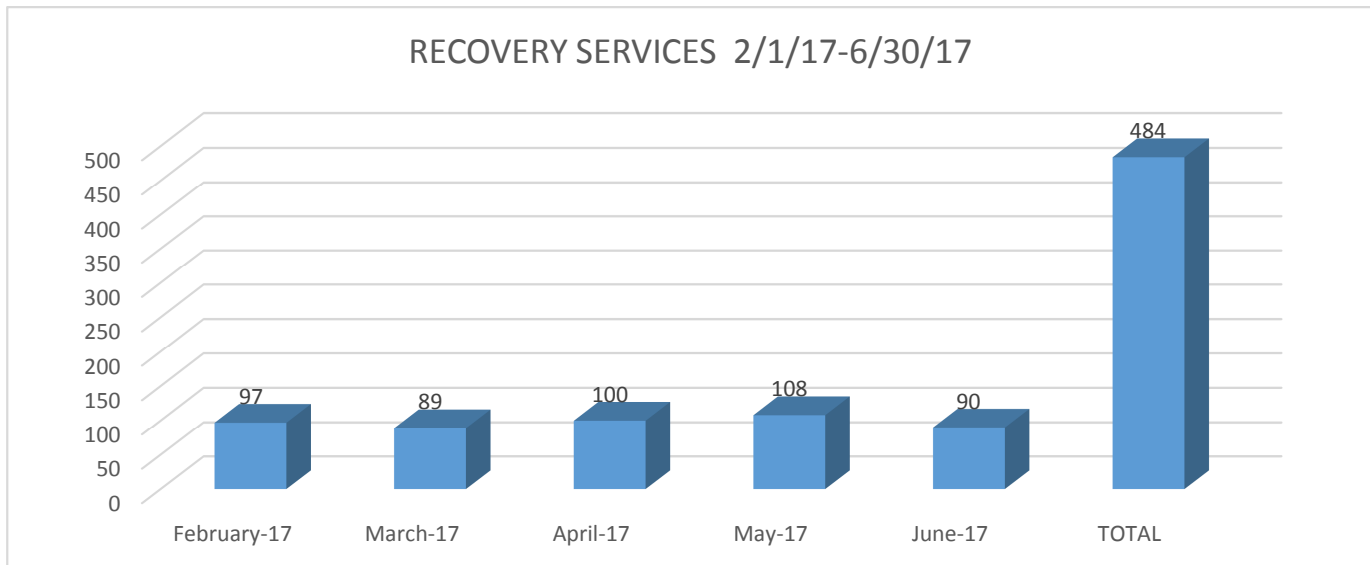


#### **PERMANENT SUPPORTIVE HOUSING-(EBP)**

In FY17 SCBHR offered PSH up to 26 clients within the region, care coordination was done by individual counties Coordinator of Services and social worker. The region spent a total of \$165,009.00 in rent and utilities in Y17. Please see chart below for expenditure detail. SCHBR will continue to offer the PSH programming however; changes will be made to better serve the complex needs clients and work towards the fidelity model in FY18.

#### **RECOVERY SERVICES-PEER AND FAMILY-**

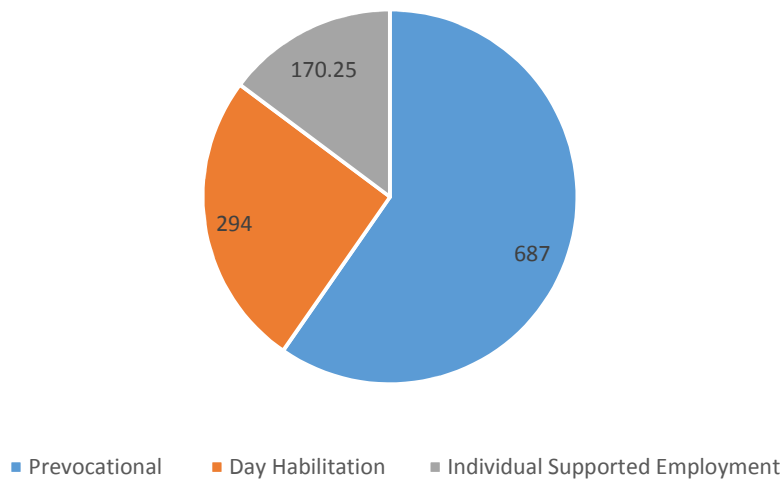
SCBHR has offered peer and family support training through the Iowa Peer Support Training University of Iowa in FY17; however trainings are not well attended. SCBHR continues to support the Promise Center (a local peer ran recovery center) operated through Southern Iowa Mental Health Center. From Feb - June 2017 a total of 484 clients were served through the peer and family recovery services.



### **SUPPORTS FOR EMPLOYMENT-(EBP)**

SCBHR continues to address EBP to include Supported Employment In FY 2017, SCBHR contracted with APSE to provide training to Vocational Providers within the SCBHR to align to the EBP of Supported Employment. SCBHR hired a consulting firm Transcen; through that contractual relationship the Employment First Committee has identified a business model that will allow the region to move forward in a unified Employment First Business Practice. Alongside of Transcen; the region was also awarded technical assistance through a grant that Vocational Rehabilitation awarded to the region; as a pilot project. Throughout FY 2017 Employment First Committee meet the first Thursday of each month. Participating in the meetings alongside of the Vocational Providers included Vocational Rehabilitation, Iowa Work Force and MCO's. Providers received Technical assistance for discovery and placement on site supported by Griffin-Hammis Associates.

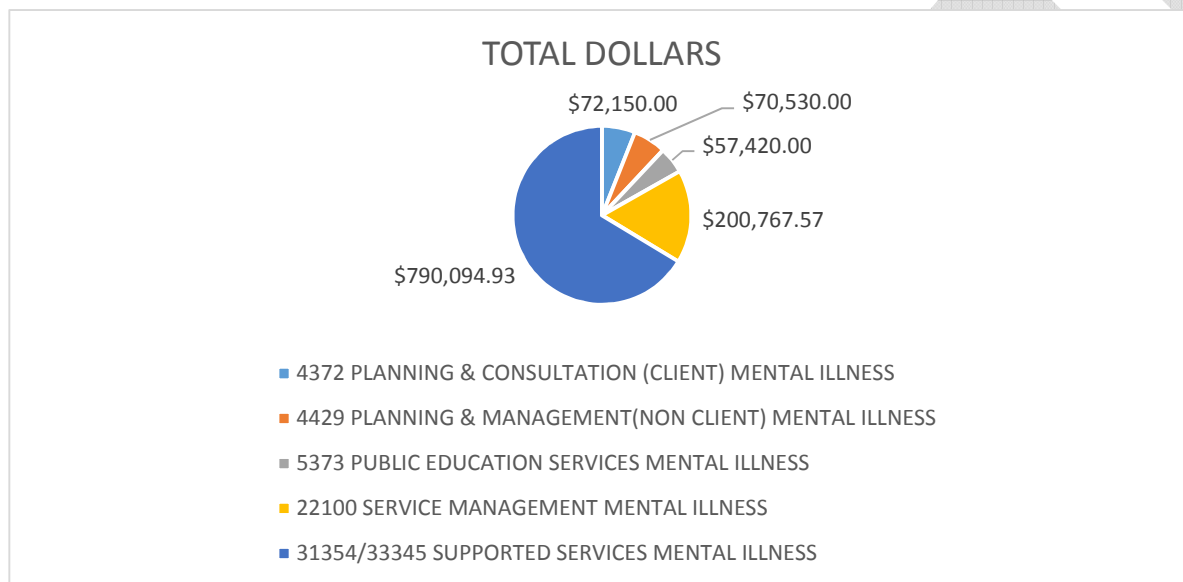
### **SUPPORTS FOR EMPLOYMENT 7/1/16-6/30/17**



## Other Community Living Support Services

### Personal and Environmental Support Services

COA	SERVICE	DISABILITY GROUP	TOTAL DOLLARS
4372	PLANNING & CONSULTATION (CLIENT)	MENTAL ILLNESS	\$ 72,150.00
4429	PLANNING & MANAGEMENT(NON CLIENT)	MENTAL ILLNESS	\$ 70,530.00
5373	PUBLIC EDUCATION SERVICES	MENTAL ILLNESS	\$ 57,420.00
22100	SERVICE MANAGEMENT	MENTAL ILLNESS	\$ 200,767.57
31354/33345	SUPPORTED SERVICES	MENTAL ILLNESS	\$ 790,094.93



### Planning & Consultation (Client)/Planning & Management/Public Education Services

In FY 17 Southern Iowa Mental Health Center and Mahaska Health Partnership received block grant dollars to provide planning and/or consultation services to clients, planning & management (Non-client) and Public education services. Activities supported through the block grant dollars include clinical staffing meetings held once time weekly to staff clients with medication provider along with consulting with other team members

(family, friends, IHH Care Coordinators, etc) to discuss significant concerns and brain storming treatment options. Clinical Director time allotted for projects within the organization to include accreditation visits; Managed Care meetings, attending stakeholder meeting/committee meeting, etc. Public education services in FY17 included community presentations, human resource meetings within the community, and meeting with community leaders to share service ideas and discuss needs of the community.

## Statewide Outcomes (Quality Service Development & Assessment, QSDA)



### I. QSDA Scope

The Regions have charged QSDA with the following responsibilities:

- Facilitate the implementation of service delivery models- Learning Communities, multi-occurring, culturally capable, evidence based practices, research based practices and trauma informed care.
- Work to ensure that Providers are utilizing Evidence Based Practices, Research Based Practices and Promising Practices.
- Identify and collect Social Determinant Outcome data.
- Work to create a Value Based Service Delivery System utilizing performance/value based contracts.

### II. QSDA Mission and Values/Guiding Principles

- **QSDA Mission Statement:** QSDA is a group of stakeholders facilitating a statewide standardized approach to the development and delivery of quality MH/DS services measured through the utilization of outcome standards.
- **QSDA Values/Guiding Principles:**
  - All services should be the best possible.
    - Service Philosophy is based on the 5 Star Quality Model- will always strive to achieve the highest degree of community integration as possible.
    - We have identified the need and value in providing disability support services in the person's home community. We believe individuals with disabilities have the same basic human needs, aspirations, rights, privileges, and responsibilities as other citizens. They should have access to the supports and opportunities available to all persons, as well as to specialized services. Opportunities for growth, improvement, and movement toward independence should be provided in a manner that maintains the dignity and respects the individual needs of each person. Services must be provided in a manner that balances the needs and desires of the consumers against the legal responsibilities and fiscal resources of the Region.
    - We want to support the individual as a citizen, receiving support in the person's home, local businesses, and community of choice, where the array of disability services are defined by the person's unique needs, skills and talents where decisions are made through personal circles of



support, with the desired outcome a high quality of life achieved by self-determined relationships.

- **We envision a wide array of community living services designed to move individuals beyond their clinically diagnosed disability. Individuals supported by community living services should have** community presence (characterized by blending community integration, community participation, and community relationships).
- Through the use of Evidence Based Practices, (EBP) and Research Based Practices, (RBP), Regions will continually strive to improve service quality.
- Activities must be meaningful.
  - Any task or work completed must be meaningful. That is that it contributes to delivering quality services.
- Will ensure the use of standardized/efficient practices.
  - Work to establish a single data entry process.
  - Will work to ensure that outcome measures align.
  - Coordinated training process.
- QSDA structure, projects and processes shall be based on a philosophy of accommodation and flexibility.
- Utilize website to organize resource information, data, activities, training and process tracks.

### III. Strategic Action Plan

The following projects define the FY 18 Strategic Action Plan. The FY 18 Plan in addition to identifying new tasks is also a continuation and expansion of a number of FY 17 projects. Projects are grouped within four Strategic Areas: Service Development, Service Delivery, Service Assessment and System Infrastructure.

#### • Service Development

- Urban Rural Learning Community Development
  - Facilitate development of Learning Communities for legislated EBPs, including TI/COD/CC with service delivery team.
  - Coordinate with ISCA Training Committee on state-wide trainings involving QSDA initiatives.
  - Support collaboration among CEOs and Regions to address mutual interests where possible.
  - Work on collaboration with the statewide QSDA Service Assessment team for mutually beneficial services.
- Develop a Statewide Trauma Informed Care trainer network.
  - Develop a TI Training Network with the Lincoln NE model to support a unified, consistent and sustainable TI training model statewide.
  - Identify costs and funders for this model.
  - Work collaboratively with CEOs and Providers to support this model in Regions.
- Develop an Integrated Co-Occurring Practice Model
  - Coordinate efforts with CEOs, ITAIC, DHS and IDPH.
  - Develop a state-wide training in cooperation with the Service Delivery Team
  - Populate the QSDA website with Integrated Co-Occurring Care resources.
- Continue QSDA Website development of Service Environment information.
  - Continue to develop tool kit/resource directory for Trauma Informed Care.
  - Develop tool kit/resource directory for Integrated Co-Occurring Disorders.
  - Develop tool kit/resource directory for Cultural Competency.

#### • Service Delivery Work Group

- Support utilization of Evidence Based Practices, Research Based Practices, Best Practices and Promising Practices.

- Coordinate training and supports, including in house expertise for Supported Employment, Permanent Supportive Housing and Co-Occurring Disorders.
    - Provide C3 De-escalation training for direct support staff and Providers.
  - Measure effectiveness of Evidence Based Practices, Research Based Practices, Best Practices and Promising Practices, including but not limited to: Supported Employment, Permanent Supportive Housing and Co-Occurring.
    - Emphasis through training and supports on Outcomes-positive results with individuals.
    - Assist Agencies in determination of fidelity.
  - Develop a statewide EBP Provider list and populate QSDA website.
- **Service Assessment Work Group**
    - Provide Outcomes training.
      - Provide Outcome Project Overview training
      - Train Regional Staff to perform data reviews
      - Train Regional Staff and Providers to utilize data to set goals.
    - Generate Outcome reports from CSN and validate accuracy.
      - Survey Providers and CEOs to establish report content
      - Develop Provider report procedure manual
      - Generate Regional report
      - Generate a statewide report
    - Implement Phase II, Data Review
      - Train Regional staff
      - Review 12 months of Provider Outcome data.
    - Implement Phase III, Setting Annual goals and Develop Incentives
      - Create Agency summary from 12 month data review.
      - Establish Outcome targets and goals for next 12 months.
      - Create Provider supports to maintain and improve performance.
  - **System Infrastructure**
    - Website – Populate Work Group data and resource information
      - Expand Functionality
      - Create training listing
      - Populate Work Group info.
    - Initiate and Coordinate training
      - Work with the Community Services Training Committee, IACP, MCOs, and DHS to develop training tracks.
      - Coordinate train the trainer functions.
    - Participate in planning and developing Value Based Service Delivery system.

#### IV. FY 17 Accomplishments

- Maintained member participation.
  - QSDA has membership participation from the Regions, Providers, MCOs and DHS.
- Implemented and increased participation in the Outcomes Project
  - Currently outcomes are being entered by 181 Providers.
  - Have moved to Phase II, Data Review, Goal Setting and Incentives, of the Outcomes Project.
  - Provided training on the Outcomes Project
- Maintained and enhanced the CSN Provider Portal.

- Training Process – Worked with the Iowa Community Services Affiliate, Regions and the Iowa Association of Community Providers to establish a process to coordinate and fund training within the QSDA scope.
- Began working with a multi-regional consortium looking at EBPs for supported housing and employment.
- Training
  - Trainings were conducted on Evidence Based Practices, 5 star quality, value based contracting and Trauma Informed Care.
- A second EBP Survey was sent to Providers and results summarized
  - Determined which EBPs were being utilized.
  - Measured EBP knowledge.
  - Looked at the level of fidelity.
- Met regularly with Regional CEOs providing updates and recommendations.
- MCOs – had meetings with AmeriHealth and Amerigroup. Are looking at how outcome data may fit in with their reporting and evaluation needs and how data may be managed.

## Collaboration

*SCBHR continues to build collaboration by participating in:*

- **Resource Collaborations – Training** (develop common language across stakeholder groups)
  - Mental Health First Aid (Family, Community Providers, Regions, MCOs, Law Enforcement, Hospitals)
  - Crisis Intervention Training (Community Providers – information/support, Regions, MCOs, Law Enforcement)
  - C3 De-Escalation (Community Providers, Regions, MCOs, Law Enforcement, Hospitals)
  - Trauma Informed Care (Community Providers, Regions, MCOs, Law Enforcement, Hospitals)
  - Co-Occurring (Community Providers, Regions, MCOs, Law Enforcement, Hospitals)
  - SAMHSA Emails (Community Providers, Regions, MCOs, Law Enforcement, Hospitals)
  - Police & MH Toolkit (Community Providers, Regions, MCOs, Law Enforcement)
- **Resource Collaborations – Community Supports** (continuing to build community capacity)
  - Tele Psychiatry
  - Mobile Crisis Response Teams/MH Assessment
  - Jail Diversion/Re-Entry
  - Open Bed Tracking System
    - Crisis Stabilization
    - Crisis Observation
    - Transition Homes
    - Sub-Acute Supports
    - Substance Abuse Services

The following information describes regional efforts to collaborate with other funders, service providers, individuals and families, advocates, and the courts in the interest of better serving individuals with mental illness and disabilities:

**Advisory Board Meetings:** The SCBHR Regional Advisory Board is an advisory stakeholders group that provides for broad representation. The Board consists of members from each county and two Governing Board Directors. One member is a provider and one member is an individual who utilizes mental health and disability services or is an actively involved relative of such an individual. Two Directors from the Governing Board serve

as ex-officio non-voting members. From the Regional Advisory Board, one provider and one individual with mental health and disability services, or actively involved relative of such an individual, serve on the Governing Board as ex-officio non-voting Directors. The Regional Advisory Board met the first Thursday of each month.

*CEO Collaborative meetings:* The Regional CEOs meet on a monthly basis to discuss and resolve statewide issues. Members are appointed to taskforce groups to meet with representatives from MCOs on topics such as funding for Crisis Services, solutions for individuals who are difficult to serve, and our outcomes project. The CEO collaborative is also in the process of identifying regional niches and strategies moving forward. Ryanne Wood serves as Vice Chair of the CEO collaborative.

*Iowa Mental Health and Planning Council:* SCBHR attends monthly meetings of the MHPC. Jennifer Vitko serves on the MHPC.

*Iowa Community Services Association meetings:* The ICSA Board of Directors represents county Community Services for the purpose of promoting progressive county government administration. The group meets monthly. Jennifer Vitko served FY 2017

*Legislative Review Committee:* The purpose of the Legislative Review Committee is to make recommendations on priorities for legislative action and to review legislation in regard to the effect on counties. Jennifer Vitko serves on the Committee.

*CSN-ETC:* CSN-ETC Representatives from SCBHR participate in the continuing development of the Community Services Network database. The system is used for accurately gathering and reporting required data. Lee Ann and Jennifer Vitko serves on the Advisory Board for CSN-ETC.

*QSDA-* Representatives from SCHBR participate in the continuing development of QSDA collaboration. Miranda Tucker serves on the QSDA committee.

*Local Collaborations:* SCBHR encourages local collaboration through local MHDS Advisory Boards and with other social services agencies, including:

- Homeless Coordinating Boards
- Local Providers
- AEA Transition Advisory Board
- DHS Transition Committees
- Department of Correctional Services Advisory Board
- Mental Health Interdisciplinary Team
- Mental Health Task Force
- Human Service Providers
- Criminal Justice Task Force
- Public Health Departments
- Learning Community

- Wellness Coalition
- Regional Housing Association
- Transportation Boards

Final